

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	2-15-01
FORMALITY REVIEW	MA	JC 135	4/30
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	✓ A
2	✓ A
3	✓ A
4	✓ A
5	✓ A
6	✓ A
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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<b><i>Index of Claims</i></b>  	<b>Application/Control No.</b>  09765172	<b>Applicant(s)/Patent Under Reexamination</b>  BARON, JOHN M.
	<b>Examiner</b>  Nguyen, Jennifer T	<b>Art Unit</b>  2629

✓	<b>Rejected</b>	-	<b>Cancelled</b>	N	<b>Non-Elected</b>	A	<b>Appeal</b>
=	<b>Allowed</b>	÷	<b>Restricted</b>	I	<b>Interference</b>	O	<b>Objected</b>

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47										
CLAIM		DATE								
Final	Original	11/28/2006								
	1	✓								
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